

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		X				
3		X				
4		X				
5		X				
6		X				
7		X				
8		X				
9		X				
10		X				
11		X				
12		X				
13		X				
14		X				
15		X				
16		X				
17		X				
18		X				
19		X				
20		X				
21		X				
22		X				
23		X				
24		X				
25		X				
26		X				
27		X				
28		X				
29		X				
30		X				
31		X				
32		X				
33		X				
34		X				
35		X				
36	/					
37		X				
38		X				
39		X				
40		X				
41		X				
42	/					
43		X				
44		X				
45		X				
46		X				
47		X				
48		X				
49		X				
50	X					
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	↓		↓		↓	

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		X				
52	/					
53		X				
54		X				
55		X				
56		X				
57		X				
58		X				
59	/					
60		X				
61	/					
62		X				
63		X				
64	/					
65	/					
66	/					
67	/					
68		X				
69		X				
70		X				
71		X				
72		X				
73		X				
74		X				
75		X				
76		X				
77		X				
78		X				
79		X				
80		X				
81		X				
82		X				
83		X				
84		X				
85		X				
86		X				
87		X				
88		X				
89		X				
90		X				
91		X				
92		X				
93		X				
94		X				
95		X				
96		X				
97		X				
98		X				
99		X				
100		X				
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	↓		↓		↓	

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SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
101						
102						
103						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	15					
TOTAL DEP.						
TOTAL CLAIMS						

51						
52						
53						
54						
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56						
57						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

82
130
218
15